140X For calendar year, or fiscal year be	· ·			Y. 66		01
Your first name and initial	Last name	Last name Last name		Your Social Security Number Spouse's Social Security Number		
If a joint return, spouse's first name and initial	Last name					
Present home address - number and street, rural route, apt. no.	Daytime phone		<u> </u>	IMPORT		↑
City, town or post office State Zip Code	94 Home phon	e: ()	FOR DOR USE ON		your SSN	√s.
3			TOTA BOTA GGE GIV			
Check box to indicate both filing and residency status:	Return	This Return				
4 Married filing joint return						
5 Read of flousefloid. <i>Hame of qualifying child of dependent</i>		88				
above and full name here. ►	6					
7 Single	7					
8 Resident		81	80			
9 Nonresident		Original Form Filed				97
២ 10 Part-year resident		1Form 140				
- •		2Form 140A				
12 Nonresident active military		3Form 140EZ 4Form 140NR				
13 Age 65 or over: Enter the number claimed		5Form 140NR				
15 Dependents: Enter the number claimed		If 140NR or 140PY, 6				
16 Qualifying parents or ancestors: Enter the number claimed		Arizona residency	•		1 1.1	₁ %
IMPORTANT: You must enter an amount in columns (a) (b)	and (c) for lines 17 through	ORIGINAL AMOUNT AM	OUNT TO BE ADDED	cc	DRRECTED AMOUNT	
24, lines 26, 30, 31, 34, and lines 36 through 3 17. Federal adjusted gross income/Arizona gross income 18. Additions to income 19. Subtractions from income 20. Subtractions from income	39.	(a)	(b)	17	(c)	00
117. Federal adjusted gross income/Arizona gross income		00	00			00
19 Subtotal: Add line 17 and line 18		00	00			00
20. Subtractions from income		00	00			00
21. Arizona adjusted gross income. Subtract line 20 from line	19	00	00	21		00
22. Deductions (itemized or standard)			00			00
20. Subtractions from income			00			00
. 124. AUZUNA IAXADIE INCUINE. <i>SUDNACI IINES ZZ ANU ZS NUM IINE</i>			00			00
25 Tax from tax rate table: Table X or Y (140, 140NR or 14		`		25		00
26. Tax from recapture of credits from Arizona Form 301, Part I Subtotal of tax. Add lines 25 and 26, column (c)			00	26		00
27 Sublotal of tax. Add lines 25 and 26, Column (c)				28		00
29 Reduced tax. Subtract line 28 from line 27, column (c)				29		00
·!			00			00
30. Family income tax credit			00			00
2 Credit type: Enter form number of each credit claimed:	32 3 3 3	3 3 3				
5 33 Subtract lines 30 and 31 from line 29				33		00
34. Clean Elections Fund Tax Credit. See instructions			00			00
35 Balance of tax. Subtract line 34 from line 33. If line 34 is n				35		00
35 Balance of tax. Subtract line 34 from line 33. If line 34 is no second substantial second		00	00			00
37. Increased Excise Tax Credit		00	00			00
2 39 Other refundable credits. Check box(es) and enter amount	t(s):	00	00	36		-
S	.(<i>>).</i> 27 39 A 4□329 39 A 5□33	00	00	39		00
40. Payment with original return <i>plus all payments after it was t</i>	filed			40		00
41 Total payments and refundable credits. Add lines 36 through 40, column (c).				41		00
42 Overpayment from original return or as later adjusted. See instructions				42		00
37. Increased Excise Tax Credit				43		00
41 Total payments and refundable credits. Add lines 36 through 40, column (c). 42 Overpayment from original return or as later adjusted. See instructions. 43 Balance of credits: Subtract line 42 from line 41				44		00
45 Amount of line 44 to be applied to 2002 estimated tax. If zero, enter "0"				45		00
46 AMOUNT OWED: If line 35 is more than line 43, subtract i				46 DOR	USE ONL	00
47 Is this amended return the result of a net operating loss? //	yes", crieck the dox: 41∟	J 1E9				
DOR 91-0018 (01) slw				82	99	

Form 140X (2001) Page 2 ADOR 91-0018 (01) slw PART I: Dependent Exemptions - do not list yourself or spouse as dependents List children and other dependents. If more space is needed, attach a separate sheet. NO. OF MONTHS LIVED FIRST AND LAST NAME SOCIAL SECURITY NO. RELATIONSHIP IN YOUR HOME IN 2001 For 1997, enter the names of the dependents listed above who do not qualify as your dependent on your federal return because: (1) The dependent's income was equal to or more than the federal exemption amount for the year.... (2) The dependent filed a joint federal return with his/her spouse________ (3) You claimed the dependent under the Arizona "age 65 or over" rules..... For 1998, 1999, 2000 and 2001, enter the names of any dependents age 65 or over listed above that you cannot claim as a dependent on your 1998, 1999, 2000 or 2001 federal return: PART II: Qualifying Parents and Ancestors of Your Parents Exemptions 1999, 2000 or 2001 (Arizona residents only) List below qualifying parents and ancestors of your parents for which you are claiming an exemption. If more space is needed, attach a separate sheet. Do not list the same person here that you listed in Part I, above, as a dependent. For information on who is a qualifying parent or ancestor of your parents, see the instructions for the original return that you filed. NO. OF MONTHS LIVED FIRST AND LAST NAME SOCIAL SECURITY NO. RELATIONSHIP IN YOUR HOME IN 2001 PART III: Income, Deductions, and Credits List the line reference from page 1 for which you are reporting a change then give the reason for each change. Attach any supporting documents required. If the change(s) pertain(s) to an IRS audit, please attach a copy of the agent's report. If you filed an amended federal return with the IRS (Form 1040X), please attach a copy and all supporting schedules. Part IV: Name and Address on Original Return If your name and address is the same on this amended return as it was on your original return, write "same" on the line below. Name Number and Street, etc. City, State Zip I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. YOUR SIGNATURE ÓCCUPATION HER SIGN SPOUSE'S SIGNATURE SPOUSE'S OCCUPATION PLEASE PAID PREPARER'S SIGNATURE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) PAID PREPARER'S TIN DATE PAID PREPARER'S ADDRESS

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016.

If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138.